

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 27 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4461

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 WEEK
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME LENA SOMMERS

3. (b) If veteran, NONE name war _____
3. (c) Social Security NONE No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, Widowed
divorced _____
6. (b) Name of husband or wife George Sommers 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 26 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Unknown Leingruber

12. Name Unknown Germany

13. Birthplace Catherine Burger
(City, town, or county) (State or foreign country)

14. Maiden name Switzerland

15. Birthplace George Sommers
(City, town, or county) (State or foreign country)

16. (a) Informant George Sommers

(b) Address 529 E. Jefferson, Kirkwood, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13 43
(Month) (Day) (Year)

(c) Date: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director C. Hoffmeister U.S.L. Co.
7814 S. Broadway
(b) Address MAY 13 1943

19. (a) J. F. Bruck (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood (If outside city or town limits, write "RURAL")
(d) Street No. 529 E. Jefferson ave. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1943 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from 1941
_____ 19 _____ to 5/11/43 19 _____
that I last saw her alive on 5/10/43 _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Sudden - Acute Duration 1 hour

Due to Semibilty arteriosclerosis

Due to Primary Malignancy?

Other conditions Large Bladder
(Include pregnancy within 3 months of death)
Major findings: Secondary to liver
Of operations _____

Of autopsy as above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (b) Means of injury _____

23. Signature Walter H. Hoffmeister (M. D. or other) _____

Address 2602 S. Grand Date signed 5/11/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Bailey 2602 S. Grand ave.
Pr. 5172

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

....., Registered Apprentice No.....

Signed

Licensed Embalmer No.

P.O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.